

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/21/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445143	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/18/2011
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NAME OF PROVIDER OR SUPPLIER

BRIDGE AT ROCKWOOD, THE

STREET ADDRESS, CITY, STATE, ZIP CODE

5580 ROANE STATE HWY  
ROCKWOOD, TN 37854

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure electrical panels had the required clear space in front of them (NFPA 70, 110-16 (d). The findings include: Observation on July 18, 2011 at 9:15 a.m. revealed two (2) bread storage carts stored in front of the electrical panels in the kitchen area. Observation on July 18, 2011 at 9:35 a.m. revealed oxygen concentrators stored in front of the electrical panels in the oxygen supply closet.</p> <p>Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70. The findings include: Observation on July 18, 2011 at 10:00 a.m. revealed one (1) electrical junction box above the ceiling in the therapy hall above the entrance door with no protective cover installed.</p>	K 147	<p>K 147 NFPA 101 Life Safety Code Standard Electrical wiring and equipment is in accordance with NFPA 70. National Electrical Code 9.1.2</p> <p>The facility will assure that electrical panels have the required clear space in front of them. <b>Residents Affected:</b> No specific residents were identified. <b>Residents Potentially Affected:</b> Residents of the facility have the potential to be affected by the cited practice. The Maintenance Director will inservice staff on assuring that the required clear space is maintained in front of electrical panels. <b>Systemic Change:</b> The Maintenance Director will inservice staff on assuring that the required clear space is maintained in front of electrical panels. <b>Monitoring Change:</b> Department Managers will observe to assure that the required clear space is maintained during facility rounds. If violations are found, they will be immediately corrected. Following rounds, identified issues will be reported to the Maintenance director or his designee. Identified issues will be reviewed at the Safety meeting and reported in QA, for 3 months.</p>	08/19/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Gina M. Hale*

*Interim Administrator*

08/08/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.